



## UNIVERSAL APPLICATION FOR SERVICE

SACRAMENTO  
WORKS

## INDIVIDUAL SERVICE STRATEGY PLAN/INDIVIDUAL READJUSTMENT PLAN

WELCOME TO THE SACRAMENTO WORKS CAREER CENTER

*We want to help you! Please complete the information below so we can better serve you.*

PLEASE PRINT CLEARLY

1. SOCIAL SECURITY NUMBER		2. LAST NAME FIRST INITIAL	
3. DATE OF BIRTH Mo. Day Yr. ARE YOU 22 YEARS OF AGE OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	4. MALE FEMALE 1 <input type="checkbox"/> 2 <input type="checkbox"/>	5. a. STREET ADDRESS - NUMBER AND STREET APT. CITY STATE b. MAILING ADDRESS (IF DIFFERENT FROM ABOVE)	
6. ZIP CODE	7. COUNTY	8. TELEPHONE NUMBER Home ( ) Message ( )	9. ARE YOU A U.S. CITIZEN, NATIONAL OR ALIEN AUTHORIZED TO WORK IN THE U.S. BY THE IMMIGRATION AND NATURALIZATION SERVICE (INS)? <input type="checkbox"/> YES <input type="checkbox"/> NO DO YOU HAVE <input type="checkbox"/> REFUGEE OR <input type="checkbox"/> IMMIGRANT STATUS?
10. LOWEST WAGE YOU WILL ACCEPT TO START A JOB? \$ _____ per hour		11. ARE YOU EMPLOYED (INCLUDES TEMPORARY, PART-TIME OR SELF EMPLOYED)? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, DATE LAST WORKED: _____	12. WHAT IS YOUR LINE OF WORK?
13. ARE YOU REGISTERED WITH EDD FOR JOB SEARCH ASSISTANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO		14. IF RECENTLY UNEMPLOYED OR LAID OFF, HAVE YOU FILED FOR UI WITH EDD? <input type="checkbox"/> YES <input type="checkbox"/> NO	
15. ARE YOU CURRENTLY IN SCHOOL FULL-TIME OR BETWEEN TERMS? <input type="checkbox"/> YES <input type="checkbox"/> NO	16. WHAT IS THE HIGHEST GRADE YOU COMPLETED: <input type="checkbox"/> 7TH GRADE OR BELOW <input type="checkbox"/> 1-2 YEARS OF COLLEGE <input type="checkbox"/> 8TH-11TH GRADE <input type="checkbox"/> 3+ YEARS OF COLLEGE <input type="checkbox"/> 12TH GRADE		17. DID YOU RECEIVE A HIGH SCHOOL DIPLOMA OR GED? <input type="checkbox"/> YES <input type="checkbox"/> NO
8. COLLEGE DEGREE? (SPECIFY TYPE, e.g., B.A.) <input type="checkbox"/> YES <input type="checkbox"/> NO		19. ATTENDED VOCATIONAL TRAINING? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DESCRIBE THE TRAINING AND CERTIFICATES RECEIVED:	
20. DO YOU HAVE A VALID CALIFORNIA DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHICH TYPE? <input type="checkbox"/> REGULAR CLASS 3 OR C <input type="checkbox"/> CLASS 1 OR A <input type="checkbox"/> CLASS 2 OR B <input type="checkbox"/> CLASS 4 OR M			
21. WHAT HOURS, DAYS, SHIFTS ARE YOU WILLING TO WORK?		22. WILL YOU WORK: <input type="checkbox"/> PART-TIME <input type="checkbox"/> FULL-TIME	
23. A response to the following question is not required but may result in additional services being provided to you. DO YOU HAVE A DISABILITY, OR RECORD OF A DISABILITY, OR ARE YOU REGARDED AS HAVING A DISABILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		NOTE: A disability is a physical or mental impairment that substantially limits one or more major life activities such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning or working.	
24. WHERE ARE YOU WILLING TO WORK?	RELOCATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	25. TYPING SPEED? WPM	26. DO YOU OR YOUR FAMILY CURRENTLY RECEIVE: <input type="checkbox"/> AFDC <input type="checkbox"/> GENERAL ASSISTANCE <input type="checkbox"/> FOOD STAMPS <input type="checkbox"/> SSI <input type="checkbox"/> GAIN <input type="checkbox"/> OTHER (SPECIFY): _____?
27. VETERANS AND OTHERS ELIGIBLE FOR VETERANS PREFERENCE. (CHECK APPROPRIATE BOXES) <input type="checkbox"/> I CERTIFY THAT I SERVED ON ACTIVE DUTY IN THE U.S. ARMED FORCES FROM _____ TO _____ AND WAS DISCHARGED WITH OTHER THAN A DISHONORABLE DISCHARGE. BRANCH OF SERVICE _____ I HAVE A VA DISABILITY RATING OF: <input type="checkbox"/> UNDER 30% <input type="checkbox"/> 30% OR MORE <input type="checkbox"/> DISCHARGED DUE TO SERVICE CONNECTED DISABILITY <input type="checkbox"/> I AM NOT A VETERAN BUT I AM ENTITLED TO VETERANS PREFERENCE (EXAMPLE - WIDOW) SIGNATURE: _____			
28. HAVE YOU BEEN CONVICTED OF A FELONY? (INCLUDING JUVENILE OFFENSES) <input type="checkbox"/> YES <input type="checkbox"/> NO		29. KIND OF WORK YOU ARE SEEKING? 1ST CHOICE _____ 2ND CHOICE _____ 3RD CHOICE _____	
SKILLS, LICENSES, CERTIFICATES, MACHINES OPERATED, TOOLS OWNED, SHORTHAND SPEED, WORD PROCESSING, FOREIGN LANGUAGES, ETC.			